



Trotters Pointe

Homeowners Association
P.O. Box 71
South Lyon, MI 48178
www.trotterspointe.net

Designation of Voting Representative

(Must be filled in completely and signed & dated to validate – please turn in original)

Per Trotters Point Homeowners Association (TPHOA) Bylaws **Article VIII, Section 3** cited below, this form serves as the formal representative designation of the TPHOA Co-owner/Co-owners for the Unit (Site) listed below. This signed certificate is valid until revoked or superseded by a subsequent form as evinced by the subsequent date of such form(s) or until a change in the record of ownership of the unit listed herein. Unless the TPHOA Bylaws or Master Deed specify otherwise, the Co-owner(s) of record with TPHOA shall be deemed as the Co-owner(s) as recorded with the Oakland County Office of the Register of Deeds.

Article VIII, Section 3. Designation of Voting Representative. Each Co-owner shall file a written notice with the Association designating the **individual representative** who shall vote at meetings of the Association and receive all notices and other communications from the Association on behalf of such Co-owner. Such notice shall state the name and address of the individual representative designated, the number or numbers of the Condominium Site or Sites owned by the Co-owner, and the name and address of each person, firm corporation, partnership, association, trust or other entity who is the Co-owner. Such notice shall be signed and dated by the Co-owner. The individual representative designated may be changed by the Co-owner at any time by filing a new notice in the manner herein provided.

Please use additional sheets, should there be additional Co-owners/Members, and number sheet(s) accordingly below.

Printed Co-owner/Member #1 Name: _____

Address of Co-owner/Member #1: _____

Printed Co-owner/Member #2 Name: _____

Address of Co-owner/Member #2: _____

Unit/Site Number: _____ Unit/Site Address: _____

Complete the following (must list name & mailing address of **ONE** person):

I/we designate (print name of voting representative) _____

whose mailing address is _____ as my/our individual representative with the authority to cast the vote for the unit(s) listed above and to receive all notices and other communications regarding the Association on my/our behalf.

Signature #1: _____ Date: _____
(at least 1 signature is Required) (month / day / year)

Signature #2: _____ Date: _____
(month / day / year)

(if sheet numbers are not listed below, this sheet shall be assumed to be the only sheet for this certification)

Sheet number _____ of _____ Total Sheets